

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/980192

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/	/	/			52						
3		/	/	/			53						
4		/	/	/			54						
5		/	/	/			55						
6		/	/	/			56						
7		/	/	/			57						
8		/	/	/			58						
9		/	/	/			59						
10		/	/	/			60						
11		/	/	/			61						
12		/	/	/			62						
13		/	/	/			63						
14		/	/	/			64						
15		/	/	/			65						
16		/	/	/			66						
17		/	/	/			67						
18		/	/	/			68						
19		/	/	/			69						
20		/	/	/			70						
21		/	/	/			71						
22		/	/	/			72						
23		/	/	/			73						
24		/	/	/			74						
25		/	/	/			75						
26		/	/	/			76						
27		/	/	/			77						
28		/	/	/			78						
29		/	/	/			79						
30		/	/	/			80						
31		/	/	/			81						
32		/	/	/			82						
33		/	/	/			83						
34		/	/	/			84						
35		/	/	/			85						
36		/	/	/			86						
37		/	/	/			87						
38		/	/	/			88						
39		/	/	/			89						
40		/	/	/			90						
41		/	/	/			91						
42		/	/	/			92						
43		/	/	/			93						
44		/	/	/			94						
45		/	/	/			95						
46		/	/	/			96						
47		/	/	/			97						
48		/	/	/			98						
49		/	/	/			99						
50		/	/	/			100						
TOTAL IND.	/		/				TOTAL IND.						
TOTAL DEP.		/		/		/	TOTAL DEP.		/		/		/
TOTAL CLAIMS							TOTAL CLAIMS						